

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

IAD073489288

INDUSTRIAL LAMINATES/NORPLEX
SCOTT R LOVEN
665 LYBRAND ST
POSTVILLE, IA 521620977



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

REC'D

**FORM
IC**

IDENTIFICATION AND
CERTIFICATION

FEB 15 2000
RESP

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →	B. County Same as label <input checked="" type="checkbox"/> or →		
C. Site/company name Same as label <input checked="" type="checkbox"/> or →	D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		
E. Street name and number. If not applicable, enter Industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →	G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →	

Sec. II	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address?	<input type="checkbox"/> 1 Yes (SKIP TO SEC. III)		
B. Number and street name of mailing address	P.O. Box 977		
C. City, town, village	D. State	E. Zip Code	
	IA	52162-0977	

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name	First name	M.I.	B. Title
Loven	Scott	R	HSE Manager
C. Telephone Number			
319 816 4732			Extension 4227

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name	First name	M.I.	B. Title
Gilbert	James	W	Plant Manager
C. Signature			D. Date of signature
James W. Gilbert			02/10/00 Month Day Year

RCRIS data entered
by SCOTT NOWCC
on 2/15/00

RCRIS data entered
BY SBritt TR1-COR
ON 2/16/00

RCRA RECORDS CENTER
R00172774



RCRA data entered

by [illegible]
on [illegible]

EPA ID NO. IAD 073 489 288**Sec. V** Generator status. Instructions begin on page 8.**A. 1999 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non-generator (CONTINUE TO BOX B)
- } SKIP TO SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1

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FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <i>Still Bottoms From solvent recovery batch distillation unit. Contains small amounts of acetone, toluene & other solvents</i>					
B. EPA hazardous waste code (page 12) <i>D001 F003 F005 WA MA</i>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <i>3983</i>	E. Origin code (page 13) <i>5</i> System Type <i>M021</i>	F. Source code (page 14) <i>A73</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B602</i>	I. RCRA-radioactive mixed (page 14) <i>2</i>

Sec. II A. Quantity generated in 1999 (page 15) <i>6560</i>		B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) _____ Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) _____ Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1 B. EPA ID No. of facility waste was shipped to (page 17) <i>WID 990 829 475</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1999 (page 17) <i>1110.0</i>	
Site 2 B. EPA ID No. of facility waste was shipped to (page 17) <i>MND 000 686 709</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1999 (page 17) <i>5450.0</i>	
Site 3 B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____	

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <i>Ignitable Liquid, mixture contains rags, acetone & toluene from treater cleanup</i>					
B. EPA hazardous waste code (page 12) <i>D001 F003 F005</i>			C. State hazardous waste code (page 13)		
D. SIC code (page 13) <i>3083</i>		E. Origin code (page 13) <i>1</i>	F. Source code (page 14) <i>A09</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B203</i>
		System Type <i>MA</i>		I. RCRA-radioactive mixed (page 14) <i>2</i>	

Sec. II A. Quantity generated in 1999 (page 15) <i>3050.0</i>		B. UOM (page 15) <i>1</i>	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
		Density <i>1</i>	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1999 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1999 (page 16)
<i>M</i>		<i>M</i>	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)				
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>W11D 990829 475</i>	C. System type shipped to (p. 17) <i>M091</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1999 (page 17) <i>486.0</i>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <i>M11D 000686 709</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1999 (page 17) <i>2564.0</i>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)

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AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) *Ignitable solvent mixture from process cleanup + distillation process. Contains resins, acetone & ethanol*

B. EPA hazardous waste code (page 12) *D001 F003 F005*

C. State hazardous waste code (page 13)

D. SIC code (page 13)

3083

E. Origin code (page 13) *1*
System Type *M*

F. Source code (page 14)

A35

G. Point of measurement (p. 14)

1

H. Form code (page 14)

B203

I. RCRA-radioactive mixed (page 14)

2

Sec. II A. Quantity generated in 1999 (page 15)

135152.0

B. UOM (page 15) *1*
Density *1.35*
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type (page 16)

M021

Quantity treated, disposed, or recycled on site in 1999 (page 16)

78030.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16)

MNA

Quantity treated, disposed, or recycled on site in 1999 (page 16)

135152.0

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)

W10990829475

C. System type shipped to (p. 17)

M061

D. Off-site availability code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

135152.0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)

1111111111

C. System type shipped to (p. 17)

M

D. Off-site availability code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

1111111111

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)

1111111111

C. System type shipped to (p. 17)

M

D. Off-site availability code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

1111111111

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Sec. I					
A. Waste description (page 12) <i>Ignitable solvent, resin, water mixture</i> <i>Contains acetone & toluene</i>					
B. EPA hazardous waste code (page 12) <i>0001 F003</i> <i>F005</i> <i>W1A</i> <i>NA</i>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <i>3983</i>	E. Origin code (page 13) <i>1</i> System Type [M] _____	F. Source code (page 14) <i>35</i> [A] _____	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>201</i> [B] _____	I. RCRA-radioactive mixed (page 14) <i>2</i>

Sec. II	
A. Quantity generated in 1999 (page 15) <i>28862.0</i>	B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1	
On-site process system type (page 16) [M] _____	Quantity treated, disposed, or recycled on site in 1999 (page 16) _____
ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) [M] _____	Quantity treated, disposed, or recycled on site in 1999 (page 16) _____

Sec. III				
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>W10 990 829 475</i>	C. System type shipped to (p. 17) [M] <i>061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1999 (page 17) <i>3644.0</i>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <i>MND 000 686 709</i>	C. System type shipped to (p. 17) [M] <i>061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1999 (page 17) <i>2521.8.0</i>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____

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Sec. I	A. Waste description (page 12) <i>Ignitable solvent used for parts washer, contains petroleum naphtha</i>				
	B. EPA hazardous waste code (page 12) <i>01018 01039 01008</i>		C. State hazardous waste code (page 13)		
D. SIC code (page 13) <i>3083</i>	E. Origin code (page 13) <i>1</i>	F. Source code (page 14) <i>A09</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B203</i>	I. RCRA-radioactive mixed (page 14) <i>2</i>

Sec. II	A. Quantity generated in 1999 (page 15) <i>45.0</i>	B. UOM (page 15) <i>5</i> Density <i>0.700</i> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>M</i>		Quantity treated, disposed, or recycled on site in 1999 (page 16)	On-site process system type (page 16) <i>M</i>		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>W10780896641</i>	C. System type shipped to (p. 17) <i>M029</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1999 (page 17) <i>45.0</i>
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)

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Sec. I A. Waste description (page 12) *Ignitable solvent mixture from contaminated ground water. Contains toluene & methanol*

B. EPA hazardous waste code (page 12) *D0101 D0107
D0108 F0103 F0105*

C. State hazardous waste code (page 13)

D. SIC code (page 13) *3083*

E. Origin code (page 13) *1*
System Type *[M]*

F. Source code (page 14) *A 65*

G. Point of measurement (p. 14) *3*

H. Form code (page 14) *B 201*

I. RCRA-radioactive mixed (page 14) *2*

Sec. II A. Quantity generated in 1999 (page 15)

6165.0

B. UOM (page 15) *5*
Density *8.00*
☒ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type (page 16)

[M]

Quantity treated, disposed, or recycled on site in 1999 (page 16)

[]

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16)

[M]

Quantity treated, disposed, or recycled on site in 1999 (page 16)

[]

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
Site 1	<i>0141 093 945 293</i>	<i>[M] 041</i>	<i>1</i>	<i>6165.0</i>
Site 2	<i>[]</i>	<i>[M] []</i>	<i>[]</i>	<i>[]</i>
Site 3	<i>[]</i>	<i>[M] []</i>	<i>[]</i>	<i>[]</i>

Comments: